	DISTRICT COURT	DOCUMENT
SOUTHERN DIST	TRICT OF NEW YORK	FLECTRONICALLY FILED
FLSA	KAMOS	DOC #:
		DATE FILED: 37112
		La constant de la con
(In the space above ente	er the full name(s) of the plaintiff(s).)	
		AMENDED COMPLAINT
-against-		FOR EMPLOYMENT
M		DISCRIMINATION
MILLENI	VIVM PARTACES	/ Jury Trial: b Yes □ No
Sunds	Club Managemen	Jury Trial: Ves No
JOPIS	11 C	12 civ 13 1/ JAP
(In the space above ente	r the full name(s) of the defendant(s).	pecinity verif
provided, please write "	nes of all of the defendants in the space (see attached" in the space above and	
Typically, the company	et of paper with the full list of names. or organization named in your charge	
to the Equal Employment named as a defendant.	nt Opportunity Commission should be Addresses should not be included here.)	
~		
This action is brou	ght for discrimination in employment	t pursuant to: (check only those that apply)
T . Solve		
	to 2000e-17 (race, color, gender, re	rict court under Title VII, you must first obtain a
		t Act of 1967, as codified, 29 U.S.C. §§
	621 - 634. NOTE: In order to bring suit in federal	district court under the Age Discrimination in
	Employment Act, you must first file a ch. Commission.	arge with the Equal Employment Opportunity
		1990, as codified, 42 U.S.C. §§ 12112 -
	12117.	
	NOTE: In order to bring suit in federal distriction you must first obtain a Notice of Right to Sue	ct court under the Americans with Disabilities Act, c Letter from the Equal Employment Opportunity
	Commission.	
CASA AND RATE AND A SPECIAL PROPERTY OF	New York State Human Rights Law	v, N.Y. Exec. Law §§ 290 to 297 (age,
	disability, predisposing genetic cha	sexual orientation, military status, sex, acteristics, marital status).
	New York City Human Rights Law	v, N.Y. City Admin. Code §§ 8-101 to
	disability, marital status, partnersh	creed, color, national origin, gender, ip statu primal origination, alienage,
	citizenship status).	MEREINEW
		11011 May 5. 711111
P 07/2007	1	PRO SE OFFICE
Rev. 07/2007	Τ.	PRO SE OFFICE
		JI TUL

i. I al ties ill this compani	[.	Par	ties in	this	complain
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A.	List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.
Plaintif	Name ECSA PAMOS Street Address 802 - Minth and Mule Apt 2B County, City Mayhallan, New York City State & Zip Code New York (0019 Telephone Number 646 - 318 - 2669 646 - 5708214
В.	List all defendants' names and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.
Defend	Street Address 172 tremont Attlet mgnt County, City BOSTON State & Zip Code Massa Chusetts 03/1/1 Telephone Number 617-476-8910
C.	The address at which I sought employment or was employed by the defendant(s) is: Employer Klebok Aports (Mub. May) Street Address 60 Collembus all Mull County, City Manhaltan new 10M City State & Zip Code New 40M 10053 Telephone Number 212 501-1449
II.	Statement of Claim:
State as	briefly as possible the facts of your case, including relevant dates and events. Describe how you were

discriminated against. If you are pursuing claims under other federal or state statutes, you should include facts to support those claims. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. The discriminatory conduct of which I complain in this action includes: (check only those that apply)

Failure to hire me. Termination of my employment. Failure to promote me. Failure to accommodate my disability. Unequal terms and conditions of my employment.

Retaliation.

Ian Tooley 160 Columbus avenue 67 Ch street New YORK / N.YC.1002-3 manager (Novselleeping Superuisor) Phone: 212-501-1449 Royette frencatt 160 Columbus anenul 67 by street new york NYC10023 prone: 362-6800 (Horsekeeping Supernissæ) Robert Kram Ceneral manager 160 Columbus avenue 67 the street new york N.G. C. 10023 Phone 212362-6800 212 501-1449

See <u>acase 1:12-cv-01311-LAP</u> Document 9 Filed 05/29/12 Page 3 of 11

	Hanasmert from other Co.
	V Other acts (specify): Gefanation of Character.
	Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.
В.	It is my best recollection that the alleged discriminatory acts occurred on: $0.7 - 14 - 2011$
C.	I believe that defendant(s) (check one):
	is still committing these acts against me.
	is not still committing these acts against me.
D.	Defendant(s) discriminated against me based on my (check only t' se that apply and explain):
	race / Atino color
	_
	national origin — fuetts for Can
	age. My date of birth is (Give your date of birth only if you are asserting a claim of age discrimination.)
E.	disability or perceived disability, <u>FbROKe My</u> (specify) wildle finger on my right hand in The facts of my case are as follow (attach additional sheets as necessary): holf you are
	on 03/27/2010, after this I felt that, Ald dryer,
- HC	he maregement was on top of me,
11	Will offer nearly that werke with me
~ 0	sell be arther. Or servinended.
Na	n why 15,3011 a fillay I believe
Ľ.	werd descriminated I bosed on my
	Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, the New York State Division of Human Rights or the New York City Commission on Human Rights.
III.	Exhaustion of Federal Administrative Remedies:
Α.	It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding defendant's alleged discriminatory conduct on: [Delember 30()] (Date).
R	The Equal Employment Opportunity Commission (check one)

Rev. 07/2007

race, Case 1:12-ex-01377-LAR pocurenting Filed 05/29712/ Page FORK i Ian Todley, He suspended me, for the mere hof farana, and in fact He dilt buspended e udtimater fried another woman named Martha Jackson for taking an over ripped parava and eted in fact she lied to the supervisor in Boston when He stated that I never apologise or care for what I did. on the Welk of puly 15,2011 through puly 26, 2011 I don't received any conseling, prenentive measures or corrective ways to avoid my termination (my JoB) the only Sole of income that I have. and finally as I status perfore on aprilize my case is also based on Relation, for complaints that I made on other, Co. workers for Hanasmert & defamation 87 Character, Thank you. Menflet

	has not issued a Notice of Right to Sue letter. issued a Notice of Right to Sue letter, which I received on O/-(0-2020ate).
	Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.
C.	Only litigants alleging age discrimination must answer this Question.
	Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (check one):
	60 days or more have elapsed.
	less than 60 days have elapsed.
IV.	Relief:
EN	REFORE, plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, ges, and costs, as follows: White form a function of My John and the basis for such relief.) The relief sought, including amount of damages, if any, and the basis for such relief.)
I decl	are under penalty of perjury that the foregoing is true and correct.
Signe	Signature of Plaintiff Office August 20 Augus
	Address DI TOMANA All JB New YMA NUCL 10019
	Telephone Number 690-518-0069
	Fax Number (if you have one)

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UNITED STATES DISTRICT COURT	
SOUTHERN DISTRICT OF NEW YORK	

SOUTHERN DISTI	RICT OF NEW YORK		20	V	13	
ELSA	KAMOS	<u> </u>		* ,	 . 	
(In the space above enter	the full name(s) of the plaintiff(s).)			MPL		
-against-					OYMEN' NATION	
Millenn	ivm Partners	,				_
Sports	ivm fartners club Managem	ent,	Jury Tri	al: 🕏	Yes □ N (check one)	10
/	1.6C					
If you cannot fit the name provided, please write "s attach an additional shee Typically, the company of to the Faual Employment	the full name(s) of the defendant(s). es of all of the defendants in the space ee attached" in the space above and t of paper with the full list of names. r organization named in your charge Opportunity Commission should be (ddresses should not be included here.)					
This action is broug	tht for discrimination in employs	nent pursua	nt to: (che	eck only	those that a	pply)
	Title VII of the Civil Rights Act to 2000e-17 (race, color, gende NOTE: In order to bring suit in federa Notice of Right to Sue Letter from the E	er, religion, i al district court	national (<i>under Title</i>	origin) <i>VII, yo</i> u). u must first :	
	Age Discrimination in Employs 621 - 634. NOTE: In order to bring suit in feat Employment Act, you must first file Commission.	leral district co	ourt under	the Age	e Discrimin	ation in
	Americans with Disabilities Ac 12117. NOTE: In order to bring suit in federal you must first obtain a Notice of Right	district court un	ider the Am	ericans 1	with Disabil	ities Act,
	Commission. New York State Human Rights race, creed, color, national original disability, predisposing genetic	gin, sexual c	rientatio	n, mili	itary stati	7 (age, is, sex,



New York City Human Rights Law, N.Y. City Admin. Code §§ 8-101 to 131 (actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage,

citizenship status).

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Case 1:12-cv-01311-LAP Document 2 Filed 02/21/12 Page 2 of 5

I.	Parties	in this	complaint:
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A.	List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.
Plaintif	Name $ECSARAMOS$ Street Address $802 - n(n+h)$ avenue $AJA > B$ County, City New $YORK$ Gty State & Zip Code New $YORK$ 10019 Telephone Number $646 - 3(8 - 2669 + 96 - 570 - 8214$
В.	List all defendants' names and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.
Defend	Street Address 172 + Lemont Street, 3 Left of Country, City 605+00 State & Zip Code 17 - 476-8910
C.	The address at which I sought employment or was employed by the defendant(s) is: Employer Kelhok Stokes, Club My. Street Address [60 Columbus] and County, City Manhatlan Yell Mkk Culty State & Zip Code New York 15073 60023 Telephone Number (2/2) 3 (92 - 6800)
II.	Statement of Claim:
discrim to supp	s briefly as possible the <u>facts</u> of your case, including relevant dates and events. Describe how you were ninated against. If you are pursuing claims under other federal or state statutes, you should include facts port those claims. You may wish to include further details such as the names of other persons involved events giving rise to your claims. Do not cite any cases. If you intend to allege a number of related number and set forth each claim in a separate paragraph. Attach additional sheets of paper as ary.
A. Th	e discriminatory conduct of which I complain in this action includes: (check only those that apply)
	Failure to hire me.
	Termination of my employment.
	Failure to promote me.
	Failure to accommodate my disability.
	Unequal terms and conditions of my employment.

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	Other acts (specify): Hangment from other emplo
	Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.
B.	It is my best recollection that the alleged discriminatory acts occurred on: $\frac{07-(4-11)}{07-(5-11)}$.
C.	I believe that defendant(s) (check one):
	is still committing these acts against me.
	is not still committing these acts against me.
D.	Defendant(s) discriminated against me based on my (check only those that apply and explain):
	□ race □ color □
	□ gender/sex □ religion
	national origin
	age. My date of birth is (Give your date of birth only if you are asserting a claim of age discrimination.)
	disability or perceived disability,(specify)
E.	The facts of my case are as follow (attach additional sheets as necessary): My case is base on hetaliation, Sor my complaints, due To parament for other Co-workers.
	Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, the New York State Division of Human Rights or the New York City Commission on Human Rights.
III.	Exhaustion of Federal Administrative Remedies:
A.	It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding defendant's alleged discriminatory conduct on: Dean be 20/1 (Date).

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В.	The Equal Employment Opportunity Commission (check one):
	has not issued a Notice of Right to Sue letter.
	issued a Notice of Right to Sue letter, which I received on
	Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.
C.	Only litigants alleging age discrimination must answer this Question.
	Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (check one):
	60 days or more have elapsed.
	less than 60 days have elapsed.
IV.	Relief:
	REFORE, plaintiff prays that the Court grant such relief as may be appropriate, including injunctive s, damages, and costs, as follows:
	Wrongful termination of my top,
	Emotional distress 100.000
(Desc	cribe relief sought, including amount of damages, if any, and the basis for such relief.)
I dec	lare under penalty of perjury that the foregoing is true and correct.
Signe	ed this day of, 20
	Signature of Plaintiff
	Address 802 gtn gulnul
	ant 2P3
	new york N.y.C. 10019
	Telephone Number $646 - 318 - 7669$
	Eax Number (if you have one)
	EXX NUMBER OF VOIL HOVE ONE)

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EEOC Form 161 (11/09)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS From: **New York District Office** Elsa Ramos 33 Whitehall Street 802 Ninth Avenue, Apt. #2B 5th Floor New York, NY 10019 New York, NY 10004 On behalf of person(s) aggrieved whose identity is CONFIDENTIAL (29 CFR §1601.7(a)) Telephone No. **EEOC Representative** EEOC Charge No. Holly M. Woodyard, (212) 336-3643 Investigator 16G-2011-04237 THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON: The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC. Your allegations did not involve a disability as defined by the Americans With Disabilities Act. The Respondent employs less than the required number of employees or is not otherwise covered by the statutes. Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge. The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge. X Other (briefly state) - NOTICE OF SUIT RIGHTS -(See the additional information attached to this form.) Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.) Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible. On behalf of the Commission January 10, 2012 (Date Mailed) Enclosures(s) Kevin J. Berry, **District Director**

CC:

MILLENNIUM PARTNERS SPORTS CLUB MAN

Attn: Director of Human Resources 172 Tremont Street, Third Floor

Boston, MA 02111